
Credit Card Payment Authorisation Form



TO : FWD General Insurance Company Limited

Please settle the premium of following policy(ies)/endorsement :-

Name of Policyholder : _____
Policy No. : _____
Invoice No. : _____
Debit Amount : HK\$ _____

Payment Instructions :-

Type of Credit Card : VISA MASTERCARD

Cardholder's Name (*in English*) : _____

Credit Card No. : _____

Expiry Date : _____

I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium of the above policy(ies).

Cardholder's Signature

Date